

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001189	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/07/2023
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF LANCASTER, LLC STATE LICENSE NUMBER: 18941501			STREET ADDRESS, CITY, STATE, ZIP CODE: 810 PLAZA BLVD Suite 101 LANCASTER, PA 17601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an unannounced revisit survey conducted on August 7, 2023, following a revisit survey completed on May 17, 2023, at Surgery Center of Lancaster. It was determined that the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.</p>		S 0000		

(X6) DATE:



Certified End Page

SURGERY CENTER OF LANCASTER, LLC

STATE LICENSE NUMBER: 18941501

SURVEY EXIT DATE: 08/07/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY